



State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

DEBT ADJUSTER APPLICATION INFORMATION

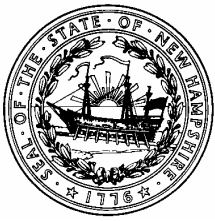
General Instructions

The principal office of the applicant must be licensed wherever it is located. Only those business locations of the applicant that are located in New Hampshire must be licensed as branches. The fee for a debt adjuster license is \$100 for the principal location and \$100 for each NH branch office location. In addition, the applicant must submit a one-time license investigation fee of \$50. Please make sure the following are included with the application:

1. Debt Adjusters must include an original \$25,000 continuous surety bond. We cannot accept copies of the bond; we must have the originally executed bond. The bond must be signed by three parties: (1) an authorized agent of the company applying to be licensed (Principal), (2) an individual who has power of attorney for the surety company as Surety, and (3) an individual insurance agent of the Surety who is licensed to sell the bond in the state of New Hampshire.
2. Applicants whose principal place of business is located outside NH must appoint a NH agent. The agent must have a NH business address open during normal business hours. If the applicant does not maintain a NH office, examinations of the licensee's books and records may take place at the NH agent's location.
3. Applicants who propose to use a trade name must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244) The "Owner" of the trade name listed on the registration must match the name of the "Applicant". If these are not the same, ownership must be changed through the Secretary of State's office.
4. Foreign corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State. (Telephone Number: 603-271-3244; website: www.sos.nh.gov/corporate/index.html)
5. Financial statements must be consistent with the legal status of the applicant. Corporations must provide the corporation's financial statements. Also provide a copy of the most recent federal business income tax returns (1120, 1120-S, and K-1s).
6. A list of names, business addresses, residence addresses and titles of all of the following that apply: the applicant's **A.** (1) principal shareholders (10% or more), (2) officers (president, vice president, secretary, treasurer), (3) senior managers (senior vice presidents and higher), and (4) directors of a corporate applicant; **B.** general partners of a general partnership; **C.** general and limited partners (10% or more) of a limited partnership; **D.** members of a limited liability company; **E.** trustees and beneficiaries (10% or more) of a trust; and **F.** New Hampshire branch managers, must be included with the application and personal, financial and background disclosure statements and criminal investigation authorization forms must be included for each person on the list.
7. Criminal Records checks are conducted by the State of New Hampshire Department of Safety, State Police Division. The Department of Safety charges a \$39 fee to cover costs for each record check. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in Item 6 of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
8. You will need to submit fingerprints in order to complete the criminal background checks. To obtain fingerprint card(s), which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking, call (603) 271-8675 or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, indicate the number of cards needed and the address where they should be sent (only one address; the applicant or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
9. Submit a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of \$39, for each person described in Item 6 above, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records." Fees covering multiple individuals may be combined into one check.

10. Please note that this form and procedure do not take the place of the Banking Department's Authorization/Release Form which still must be submitted for the individuals listed in Item 6 above and which enables us to access the other information we need to act on your company's application.
11. Specimens of all contracts to be used with Consumers in this state. Please review the contracts to ensure that the requirements of RSA 399-D:11, 14, 15, 16, 17, 20, 21, and 26 (available on the department's website) for debt adjuster contracts and business conduct are being met.
12. Copies of resumes of senior management personnel and NH branch managers.

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the applicant's name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us expeditiously to review the application without the need to write for further information.



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FORM 399-D-1

APPLICATION FOR DEBT ADJUSTER LICENSE

Initial Application Fees

License type applied for:

____ Debt Adjuster Principal Office (\$150)

(This Fee includes a \$50 Investigation Fee)

Each branch office of the applicant located in New Hampshire must be licensed to conduct debt adjuster activity. Enter the number of NH branch offices: _____ NH Branch Offices (\$100 per Office)

Make Check Payable To: "STATE OF NEW HAMPSHIRE"

Complete all items and sign the affirmation.

Date of this filing: _____, 200____

FOR OFFICE USE ONLY

Ck. # _____

Amt. \$ _____

Rec'd by _____ Date _____

Entered By _____ Date _____

App. Complete Date _____

Approved By _____ Date _____

Prior Lic.# _____ Date Mailed _____

NAME AND IDENTIFICATION OF APPLICANT

1. Legal name of applicant: _____

Will applicant do business under a trade name? _____ ("yes" or "no"; if "yes", state the trade name and attach copy of trade name registration issued by NH Secretary of State. The trade name provided below must match the trade name registration issued by NH Secretary of State)

Trade Name _____

2. Address of applicant: _____
(Principal Office) (Street) (City) (State) (Zip)

Mailing address, if different: _____
(Street or PO Box) (City) (State) (Zip)

Communications _____
(Tel. no.) (Fax no.) (Cell) (E-mail Address)

3. Applicant's federal tax ID number: _____ Applicant's fiscal year end date _____

4. Branch Offices: all locations in the State of New Hampshire where debt adjuster services are offered must be licensed as branches

(attach an additional sheet if necessary; enclose \$100 per branch location; attach a resume for each branch manager).

Street Address	City/State/Zip	Manager	Telephone	Fax

EXECUTIVE OFFICER/CONTACT PERSON FOR OFFICIAL MATTERS

5. President, Chief Executive Officer or Senior Partner of Applicant:

Name: _____ Title: _____

Business Address: _____
(Street) (City) (State) (Zip) (Direct Line Telephone)

Mailing Address if different: _____
(Street) (City) (State) (Zip)

Contact's E-Mail Address: _____

Applicant's Web Address: _____

PRINCIPAL LICENSING CONTACT PERSON

THIS IS THE INDIVIDUAL TO WHOM ALL LICENSING QUESTIONS AND ISSUES WILL BE ADDRESSED. THE NAMED INDIVIDUAL MUST ALSO BE AUTHORIZED BY THE COMPANY TO MAKE SWORN STATEMENTS AND ATTESTATIONS ON BEHALF OF THE COMPANY WHERE REQUIRED AS PART OF THE APPLICATION AND/OR RENEWAL PROCESS

6. Name: _____ Title: _____

Business Address: _____
(Street) (City) (State) (Zip) (Direct Telephone Line)

Mailing Address if different _____
(Street) (City) (State) (Zip)

E-Mail Address: _____

☐ Check here if you wish to have important notices sent via e-mail.

BONDING

7. Attach an original \$25,000 surety bond (we cannot accept photocopies). Provide name and telephone number of insurance agent to contact regarding the bond:

(Name)

(Telephone)

APPLICANT'S LEGAL STATUS

8. Applicant is a: (check one) Corporation _____ Individual _____ Partnership _____
 Association _____ Limited Liability Company _____
 Other (specify) _____

A. If Applicant is an individual, skip to question 8. All others please provide date and state of incorporation or formation, as applicable, and attach copy of Certificate of Incorporation or Certificate of Formation issued by the appropriate agency of the state of incorporation/formation.

State: _____ Date: _____

B. If applicant is not a NH entity, attach a copy of Certificate of Authority as a foreign entity issued by the NH Secretary of State. (NH Secretary of State, Corporate Division - Phone: 603-271-3244)

N.H. AGENT

9. Foreign (not formed in New Hampshire) entities must appoint and maintain at all times a registered agent in New Hampshire. If the applicant has a NH branch office, an individual in that office may be appointed as the NH registered agent. If the applicant does not have a NH branch office or does not wish to appoint someone in a branch office, the applicant must appoint another person to be the NH registered agent. The agent's office must be open during regular business hours. Banking Department examinations of the licensee's books and records may take place at the registered agent's office.

Name of Agent: _____ Telephone: _____

Complete address of NH Agent (the actual physical location, street, town or city and zip):

 (Please provide a New Hampshire business address)

Mailing Address of Agent: _____

OWNERSHIP AND MANAGEMENT

10. Attach a list of names, business addresses, residence addresses and titles of all of the following that apply: the applicant's **A.** (1) principal shareholders (10% or more), (2) officers (president, vice president, secretary, treasurer), (3) senior managers (senior vice presidents and higher), and (4) directors of a corporate applicant; **B.** general partners of a general partnership; **C.** general and limited partners (10% or more) of a limited partnership; **D.** members of a limited liability company; **E.** trustees and beneficiaries (10% or more) of a trust; and **F.** New Hampshire branch managers. If the applicant is a subsidiary, the list must include the principal shareholders (10% or more), senior officers and directors, general and limited partners (10% or more), members, trustees and beneficiaries (10% or more) of the applicant's ultimate equity owner(s) and all intermediate entities. Attach an additional sheet if necessary.

Name	Owner (include % of ownership), Officer, Director, Partner, Manager, Member, Trustee (indicate which)	Complete Business Address	Complete Residential Address

11. Attach resumes or similar documents which indicate the debt adjuster experience for each of the applicant organization's officers, senior managers (senior vice president and higher) and NH branch managers. Publicly traded corporate applicants need only submit resumes for NH branch managers.

EXPERIENCE AND PAST CONDUCT

12. Attach a list of all current debt adjuster or similar licenses issued by any other state. Attach an additional sheet if necessary. Provide name of state, license type, license number, and expiration date for each license held.

State	License Type(s)	License Number(s)	Expiration Date(s)

13. Does or has the applicant, or any of its owners (10% or more), directors, partners, members, trustees or beneficiaries (10% or more), officers, managers (Sr VP & higher), including any person with a position named in #9 above, or NH branch managers now or in the past:
- i) ever had any license, other than a driver's license, revoked, suspended or denied by this or any other state or had any fines or other sanctions imposed after such license was granted by this or any other state
 - ii) been the subject of any formal disciplinary proceeding? Yes _____ No _____
 - iii) ever been convicted of a misdemeanor or felony? Yes _____ No _____
 - iv) have any civil or criminal litigation pending? Yes _____ No _____
 - v) ever been an owner (10% or more), director, partner, member, trustee or beneficiary (10% or more), officer, manager or branch manager of any firm or company which currently has, or has had in the past, any civil or criminal litigation pending or adjudicated against where such action arose during the period of time that such person was associated with the firm or company?
Yes _____ No _____
 - vi) ever been adjudicated bankrupt? Yes _____ No _____
 - vii) ever been the subject of receivership proceedings? Yes _____ No _____
 - viii) ever been an owner (10% or more), director, partner, member, trustee or beneficiary (10% or more), officer or manager of any firm or company which was adjudicated bankrupt or for which a receiver was appointed either during the time or within one year after the applicant or its owners (10% or more), directors, partners, members, trustee or beneficiary (10% or more), officers, managers (SR VP & higher) or NH branch managers were so connected with such firm or company? Yes _____ No _____
 - ix) ever made an assignment for the benefit of creditors? Yes _____ No _____
 - x) ever been charged in any suit with any fraudulent or dishonest acts in any transaction of any kind or character?
Yes _____ No _____
 - xi) ever been named as a defendant in any civil litigation or any litigation of any nature arising out of the debt adjustment business, or while acting in a fiduciary capacity individually or in any business or occupation? Yes _____ No _____
 - xii) ever defaulted in the payment of money collected for others? Yes _____ No _____
 - xiii) ever defaulted in the payment of money due to any creditor? Yes _____ No _____

If the answer to any of the above is "Yes", furnish complete details on a separate sheet; for civil and criminal matters, include date(s), court name(s) and location(s), docket number(s), nature of offense(s), location(s) where offense(s) occurred, penalties, etc.

14. Is the applicant engaged solely in the debt adjuster business? Yes _____ No _____ If "No", furnish complete details of other businesses on a separate sheet.

FINANCIAL CONDITION

15. All applicants must submit financial statements that demonstrate financial integrity. Attach the following:
- A. Copies of the following that are prepared in accordance with generally accepted accounting principles by a public accountant, certified public accountant (audited are required if an audit was performed) or the applicant's financial officer who must include an attestation, signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3, that the financial statements are true and accurate to the best of his or her belief and knowledge:
1. Balance sheet as of the last fiscal year end and as of the most recent quarter end
 2. Cash flow statement as of the last fiscal year end and as of the most recent quarter end
 3. Income statement as of the last fiscal year end and as of the most recent quarter end
 4. Note disclosures for the above
- B. Individuals, sole proprietors, partnerships, limited liability companies and corporations with 20 or fewer shareholders must also attach the applicant's most recent federal tax returns.
- C. Publicly traded corporations, and wholly owned subsidiaries of publicly traded corporations, may submit copies of their most recent SEC 10K and 10Q forms in lieu of financial statements required by 14A, if the financial statements reflect the operations and financial position of the applicant itself.

OPERATIONS

15. (a) Attach specimen copies of all contracts and fee schedules to be used by the applicant. Review all contracts and fee schedules to ensure that they comply with the provisions in RSA 399-D including the provision that the contract shall be governed by the laws of the State of New Hampshire.
- (b) Provide the name and address for each bank and the trust account number(s) in which funds received from NH debtors will be deposited in accordance with
- (i) RSA 399-D:21, separate bank account for benefit of creditors; and
 - (ii) Ban 3702.02, debtors trust account

THE PERSON NAMED BY THE LICENSED COMPANY AS THE "PRINCIPAL LICENSING" CONTACT IN ITEM NO. 6 ABOVE MUST MAKE THE AFFIRMATION BELOW AND SIGN THE APPLICATION UNDER PENALTY OF UNSWORN FALSIFICATION, RSA 641:3. IF YOU ARE NOT SURE WHO THE COMPANY HAS NAMED IN NH, PLEASE CALL THE LICENSING DIVISION AT 603-271-8675.

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the license to which this form relates.

I acknowledge on behalf of the applicant that the applicant's business, if licensed, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the applicant's licensed business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the Department's examination.

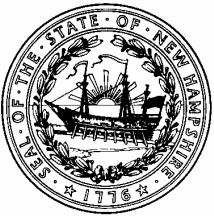
Date: _____

For _____
(Print or type Applicant's or Licensee's name)

By _____
(Print or type name of the authorized signatory)

Signature _____
(Signed under penalty of Unsworn Falsification
pursuant to NH RSA 641:3)

Title _____



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INSTRUCTIONS TO FORM U-2 N.H. UNIFORM CONSENT TO SERVICE OF PROCESS

1. The name of the applicant for licensure or registration is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the person was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces on page 1 of the Form.
5. An original manually signed Form must be filed with each application for licensure or registration.
6. The Form must be signed by the person. If the person is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.
7. The form must be signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

IRREVOCABLE CONSENT TO SERVICE OF PROCESS
UNDER RSA 399-D

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned _____, an individual, corporation, partnership, association, limited liability company or other form of organization organized under the laws of the State of _____, for the purpose of complying with RSA 399-D of the laws of the State of New Hampshire, relating to debt adjustment, hereby irrevocably appoints the New Hampshire Bank Commissioner and the successors in such office, my/its attorney in the State of New Hampshire upon whom may be served any notice, process or pleading in any action or proceeding against the undersigned arising out of or in connection with the adjustment of debt or out of violation of the aforesaid laws of the State of New Hampshire; and the undersigned does hereby irrevocably consent that any such action or proceeding against the undersigned may be commenced in any court of competent jurisdiction and proper venue within the State of New Hampshire by service of process upon said commissioner with the same effect as if the undersigned was personally served, or was organized or created under the laws of the State of New Hampshire and had lawfully been served with process in said state.

It is requested by the applicant that a copy of any notice, process or pleading served hereunder be mailed to:

(Name)

(Address)

Dated this _____ day of _____, 20_____

(COMPANY SEAL)

By _____
(Print name of Applicant)

By _____
(Signature of Officer)

(Print Name and Title of Officer)

Signed under penalty of Unsworn Falsification pursuant to NH
RSA 641:3

By _____
(Print name of Applicant)

By _____
(Signature of Officer)

(Print Name and Title of Officer)

DEBT ADJUSTER'S SURETY BOND
Rev. 7/04

Bond Number _____

Effective Date _____

STATE OF NEW HAMPSHIRE
BANKING DEPARTMENT

KNOW ALL MEN BY THESE PRESENTS, that we _____

(Name of Applicant or Licensee)

of _____ AS PRINCIPAL, AND _____,

(State of Incorporation/Formation)

(Name of Insurance Company)

a corporation or other legally formed entity organized and existing under the laws of the State of _____ and authorized to do business in the State of New Hampshire, AS SURETY, and hereby held and firmly bound unto the State of New Hampshire and the Bank Commissioner of the State of New Hampshire for the use and benefit of the State of New Hampshire and the citizens and residents thereof, conditions of this obligation, in the sum of twenty-five thousand dollars (\$25,000), lawful money of the United States, for the payment of which sum, well and truly made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above mentioned Principal has applied for a license as a Debt Adjuster under the provisions of New Hampshire Revised Statutes Annotated 399-D from and after the date hereof for the license period and continuous during the licensing period, including renewal periods, or until cancelled, and required to faithfully comply with any and all provisions of NH RSA 399-D, as now or hereafter amended, and any and all rules, regulations and orders issued or hereafter to be issued by the Bank Commissioner of the State of New Hampshire; and

WHEREAS, this bond provides for suit thereon by any person who has a cause of action under RSA 399-D and, if the Bank Commissioner by rule or order requires, by any person who has a cause of action not arising under the chapter. This bond provides that no suit may be maintained to enforce any liability on the bond unless brought within 6 years after the transaction or other act upon which it is based.

NOW, THEREFORE, this bond shall remain in full force and remain in effect during the period of license of the Principal or until cancelled. Should the Surety wish to effect cancellation, 30 days notice must be given to the Bank Commissioner. Such notice shall be in writing and the 30 day period shall commence from the date the notice is received by the Bank Commissioner. The suspension or revocation of the license of the Principal shall not cancel, suspend nor otherwise impair any obligation of the Surety under this bond.

IN WITNESS WHEREOF, said Principal, acting by and through its duly authorized officers, has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this _____ day of _____, 20_____.

(Seal)
(Print or Type the Name of Applicant or Licensee)

(Seal)
(Print or Type the Name of Surety)

BY _____
(Print or Type Name and Official Position)

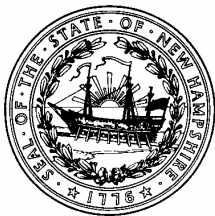
BY _____
(Print or Type Name and Official Position
of the Surety's Representative w/ POA)

BY _____
(Signature) (Date)

BY _____
(Signature) (Date)

BY _____
(Counter-Signature by NH licensed
Representative of the Insurer)

NOTE: Any applicable resolutions authorizing the execution of this bond shall be attached. If this bond has been subscribed to an "attorney-in-fact", there must be attached a "Power of Attorney".



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AUTHORIZATION/RELEASE FORM **NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT** **ADJUSTER**

INSTRUCTIONS: Please complete a separate form for each: **1.** owner (10% or more), **2.** director, **3.** partner, **4.** member, **5.** trustee or **6.** beneficiary (10% or more), **7.** officer, **8.** manager (Sr VP & higher), and **9.** NH branch manager of the applicant. Please type. This form may be duplicated. An applicant that is a publicly-traded company may submit copies of the publicly-traded company's most recently filed U.S. Securities and Exchange Commission Forms 10-K and 10-Q in lieu of this authorization, except that the authorization must be completed for each NH branch manager.

Submitted in connection with an application made for a non-depository banker, broker, mortgage servicing company, small loan lender, debt adjuster, retail seller and/or sales finance company license or registration pursuant to RSA 397-A, 397-B, 399-A, 399-D and/or 361-A by:

(Name of Licensee, Registrant or Applicant)

(Name of Officer, Owner, Director, Manager, Branch Manager, Partner, Trustee, Member)

I hereby authorize the State of New Hampshire Banking Department to request and receive credit reports, tax records; local, state, federal or international governmental records, police and criminal records from any and all law enforcement officials, personal background reports and reports from national and/or regional databases, employment information, current and past record of conduct with any regulatory entity or agency, and further authorize that such information may be released to the State of New Hampshire Banking Department by such entities and/or officials upon presentation of this authorization, or a photostatic copy hereof. I understand that the State of New Hampshire Banking Department will utilize any information it receives as a result of this authorization for purposes of determining compliance with licensing or registration standards set forth in RSA 397-A, 397-B, 399-A, 399-D and/or 361-A, as applicable. I understand that this authorization does not expire. If the above applicant is a retail seller, I understand the Department will not request and receive credit reports in my name. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

(Type name)

(Date of Birth)

(Signature)

(Date)

(Number and Street Address)

(Title)

(City and State of Residence)

(Social Security Number)

(Zip Code)



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CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT ADJUSTER

INSTRUCTIONS:

1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the applicant's individual owners/investors/beneficiaries of 10% or more and for each principal, officer, manager (senior vice president or higher), LLC member, partner in a partnership, director, trustee, and NH branch manager of the applicant.
2. Criminal Record checks are conducted by the State of New Hampshire Department of Safety State Police Division. The Department of Safety charges a \$39 fee to cover costs for each record check. The \$39 fee may be aggregated into one check if record checks are to be performed for more than one individual. However, the Department of Safety will only accept checks in the amount of \$39, or any multiple of \$39 (2 cards \$78, 3 cards \$117, etc. They will not accept 2 checks such as one for \$15 and an additional check for \$24). All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."
3. You will need to submit fingerprints in order to complete the criminal background check. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking, call (603) 271-8675, or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the applicant or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
4. The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints.
5. Every person **must** complete the following sections of the card:
 - a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
 - b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
 - c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
 - d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
 - e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
 - f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
 - g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
 - h. "EMPLOYER NAME AND ADDRESS";
 - i. "SOCIAL SECURITY NO. SOC".
6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
 - a. "ORI";
 - b. "YOUR NO. OCA";
 - c. "FBI NO. FBI";
 - d. "ARMED FORCES NO. MNU";
 - e. "REASON FINGERPRINTED";
 - f. "MISCELLANEOUS NO. MNU".
7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
8. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of \$39, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department's Licensing Section at 603-271-8675.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM
AUTHORITY NH RSA 397-A:1 – A:5; 361-A:2; 397-B:1 – B:4; 399-A:1 – A:3; 399-D:2 – D:5

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NEW HAMPSHIRE BANKING DEPARTMENT

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS **64B OLD SUNCOOK ROAD** **CONCORD** **NH** **03301**
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

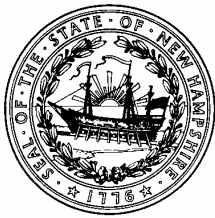
NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

PETER C. HILDRETH, COMMISSIONER

DATE _____
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: A \$39.00 fee is required for each request - make checks payable to: State of NH – Criminal Records.

☐ Applicant fingerprint card attached.



State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

PERSONAL BACKGROUND and FINANCIAL DISCLOSURE STATEMENT **NON-DEPOSITORY LENDER/BROKER OR DEBT ADJUSTER**

INSTRUCTIONS:

- This form must be completed by each of the applicant's individual owners/investors/beneficiaries of 10% or more and for each principal, officer, manager (senior vice president or higher), LLC member, partner in a partnership, director, trustee, and NH branch manager of the applicant.
- This form is required of new applicants and of existing licensees to amend information on file with the Department when the licensee adds individual owners/investors/beneficiaries of 10% or more and principal, officers, managers (senior vice president or higher), LLC members, partners in a partnership, directors, trustees, and NH branch managers.
- Please type or print. Complete all items. Attach additional sheets as necessary or indicated. This form may be duplicated when additional copies are required.

Date _____

NAME OF APPLICANT/ LICENSEE: _____

TIN: _____

LICENSE TYPE: _____

1. IDENTIFYING INFORMATION:

Name of individual owner/investor/beneficiary of 10% or more, principal, officer, manager (senior vice president or higher), LLC member, partner in a partnership, director, trustee, or NH branch manager of the applicant – circle those that apply)

(Name)

Street _____ Apt. _____
(Home street address: do not use P.O. Box address; do not use business address)

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

Other names by which you have ever been known:

Date of Birth _____ Social Security # _____

Place of Birth _____
(City) (State)

Drivers License # _____ State _____

2. EDUCATION:

Indicate highest grade completed: _____ Name and address of last institution attended: _____

Degrees Received and Dates: _____

List other relevant education on a separate sheet.

3. PERSONAL BALANCE SHEET:

<u>ASSETS</u>		<u>LIABILITIES</u>	
a) Cash on hand and in banks	\$ _____	i) Accounts payable	\$ _____
b) Notes, loans and other accounts receivable considered active and collectible	\$ _____	j) Notes payable to banks	\$ _____
c) Marketable securities (Attach schedule w/details)	\$ _____	k) Notes payable to others	\$ _____
d) Real Estate (Attach schedule with details)	\$ _____	l) Real Estate Mortgages	\$ _____
e) Automobiles	\$ _____	m) Interest and taxes due and unpaid	\$ _____
f) Net worth of business (Attach most recent financial statement)	\$ _____	n) Other debts & liabilities	\$ _____
g) Life insurance cash surrender value	\$ _____	TOTAL LIABILITIES (B)	\$ _____
h) Other assets (Attach schedule with details)	\$ _____	TOTAL NET WORTH (C)	\$ _____ (A minus B)
TOTAL ASSETS (A)	\$ _____	TOTAL LIABILITIES AND NET WORTH	\$ _____ (B plus C)

Notes, accounts receivable, mortgages and other assets considered doubtful, and not included in above financial statement have an estimated value of \$_____.

4. INVESTMENT IN APPLICANT:

A. Amount to be invested, or currently invested, in the business is \$_____, which will represent _____% of the business.

B. Does any amount stated in item 4-A. above represent a loan from you to the license applicant? Yes _____ No _____
If Yes, attach copy of promissory note.

C. Investment set forth in item 4-A. above will be, or has been, financed in the following manner:

5. FINANCIAL HISTORY:

A. Have you been an owner of 10% or more of any business entity that has filed for bankruptcy protection? Yes _____ No _____

B. Have you ever filed for personal bankruptcy protection? Yes _____ No _____

If the answer to either of the above is "Yes", furnish complete details on a separate sheet; include date(s), name and location of court, and the docket number(s).

6. CONTINGENT LIABILITIES:

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows (attach an additional sheet if necessary):

Name & Current Address/Zip of Debtor/Obligator	Name & Current Address/Zip of Creditor/Obligee	Description of Collateral	Amount Due / Outstanding	Value of Collateral	Date the Obligation was Incurred

7. STATEMENT OF PERSONAL INCOME:

Current Year

Salaries, wages and commissions from employment \$ _____

Personal income from dividends and interest \$ _____

Net personal income from rents, royalties and investments \$ _____

Other personal income \$ _____

(Source: _____)

TOTAL INCOME \$ _____

ANNUAL PERSONAL EXPENSES \$ _____

NET INCOME \$ _____

8. EMPLOYMENT: Attach a separate sheet listing your work history, beginning with your current employment, and all businesses with which you have been involved, and/or all periods of unemployment for the last 10 years. Include all corporations, partnerships or any other business ventures in which you had an investment or interest of 10% or more, or with which you have been associated as an officer, director, or in a capacity influencing policy or management. Also include dates of association, job title, name and address of the business/employer, description of your duties/responsibilities, name of immediate supervisor and reasons for leaving.

9. DEBT ADJUSTER EXPERIENCE:

A. Indicate all experience you have had in the business of debt adjustment. Provide names of debt adjustment businesses with which you have been associated and dates of association. Provide name(s) of supervisor(s) and reason(s) for leaving. Attach separate sheet if necessary.

B. Have you ever been issued a license or registration for debt adjustment services by any other state and/or are you currently licensed to provide debt adjustment services? Yes _____ No _____. If "Yes", furnish complete details on a separate sheet setting forth the license number(s), name of the state licensing authority and dates during which such debt adjuster license(s) or registration(s) was(were) held.

C. Have you ever had a professional license or registration revoked, suspended or denied, or been subject to any other disciplinary proceedings by this state or any other state licensing authority? Yes _____ No _____. If "Yes", furnish complete details on a separate sheet setting forth the date(s), licensing authority(ies), and reason(s) for revocation, suspension, denial or disciplinary proceeding.

10. GENERAL CHARACTER: Have you ever been convicted of any misdemeanor or felony or other offense involving breach of trust, theft, forgery, deception, false advertising, false statements, fraudulent or dishonest dealing, or similar offense, or had a final judgment entered against you in a civil action upon grounds of fraud, misrepresentation, deceit or similar reason? Yes_____ No_____. If “Yes”, furnish complete details on a separate sheet setting forth the type of offense(s) or judgment(s), the name and address of the court before which the case(s) was(were) heard, docket number(s), date(s) of the conviction(s) or judgment(s) and the sentence, penalty or award that was ordered.

11. OTHER INFORMATION: Indicate any other items of personal history considered relevant by you.

AFFIRMATION:

I hereby subscribe and affirm that the foregoing statements, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true, accurate and complete. I understand that any misrepresentation made to the banking department may result in denial or revocation of the license to which this form relates. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Signature

Date

Title